

**U.S. Bankruptcy Court  
District of Massachusetts**

**Attorney Certification**

As the Attorney Applicant, I, \_\_\_\_\_ hereby declare that by  
(Please Print)  
registering for ECF and by submitting this certification form, I understand and agree to the following:

1. I am currently a member in good standing of the bar of the United States District Court for the District of Massachusetts or, I am in compliance with Massachusetts Local Bankruptcy Rule 9010-1 and currently a member of the bar of any other United States District Court or the bar of the highest court of any state and have filed a Motion to Appear Pro Hac Vice which has been granted and is attached.
2. I understand that the use of a login and password issued to me serves and constitutes my signature in accordance with FRBP 9011. I agree to protect and secure my password(s) and I will immediately contact the court if I have any reason to suspect that any of my password(s) have been compromised in any way.

Federal Rule of Bankruptcy Procedure 9011 requires that every pleading, motion and other paper (except lists, schedules, statements or amendments thereto) filed with the court be signed by at least one attorney of record or, if the party is not represented by an attorney, by the party. The unique password issued to an attorney (or his/her staff member) registered to use the ECF system identifies the attorney to the court each time that the attorney or his/her staff member logs onto the ECF system as the attorney of record. The use of an attorney's password serves as and constitutes the signature of the attorney for purposes of Bankruptcy Rule 9011 on any document or pleading filed electronically using a login and password issued to the attorney. Therefore, an attorney must protect and secure the password(s) issued by the court. If any reason exists to suspect a password has been compromised in any way, it is the duty and responsibility of the attorney to notify the court immediately.

3. I further agree to abide by all the rules and procedures of the Local Bankruptcy Rules for the District of Massachusetts currently in effect, and any changes or additions that may be made to these procedures in the future.
4. I understand that by submitting this form I agree to waive conventional service of documents under Federal Rule of Bankruptcy Procedure 7004, except as provided in the Massachusetts Local Bankruptcy Rules, Appendix 8, Electronic Filing Rule 9, and I also agree to accept service of notice of electronic filing of documents on behalf of clients by electronic service as good and sufficient service.
5. I have met the following requirements:
  - I have an Internet Service Provider
  - I have an Internet Browser

- I have a computer that has and is capable of running Adobe Acrobat (Adobe Reader is not sufficient) and word processing software (Microsoft Word or Corel's WordPerfect).
- A scanner with a document feeder that is able to scan a document, save it as a PDF document, and open it again as a PDF document.
- I have a PACER Account

6. I hereby declare that any of my office staff who will be using the ECF System and I (if the attorney will be a user), have a full understanding of a word processor, have an internet browser, and possess the requisite skills to participate in Electronic Case Filing.

7. I understand that any abuse or continual errors in the ECF System may be reason for action by the Court including mandatory retraining, suspension or termination of my electronic filing privileges.

8. Check the one that applies:

- ☐ I have applied for training from the Court using the online Training Registration Form.
- ☐ A member of my staff has applied for training from the Court using the online Training Registration Form.

9. Please provide the name of the person(s) who have applied for training on your behalf:

\_\_\_\_\_  
Name of Attendee

\_\_\_\_\_  
Name of Attendee

I DECLARE THAT THE FOREGOING REPRESENTATIONS OF FACT ARE TRUE  
AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Address 2

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Address 3

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City

State

Zip

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Bar ID #(s) and State #(s)

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Internet e-mail address

Telephone Number

**When completed, send to:**

**Clerk, U.S. Bankruptcy Court  
ATTN: SYSTEMS DEPARTMENT- PERSONAL AND CONFIDENTIAL  
John. W. McCormack Post Office and Court House  
5 Post Office Square, Suite 1150  
Boston, MA 02109-3945**